



Name of Insurance Firm: _____

Name of Appointed Representative: _____



CENTRAL BANK OF BAHRAIN

Form 5: Application for Registration of Appointed Representative

**(Application for registration of appointed representative in the
Kingdom of Bahrain)**



Form 5: DECLARATION OF INSURANCE FIRM

I certify that the information in this Form 5 is accurate and complete to the best of my knowledge and belief and that there are no other facts relevant to this application of which the Central Bank of Bahrain (CBB) should be aware.

I am aware that providing to the CBB any information which is false or misleading in connection with an application for registration of an appointed representative may result in the withdrawal of registration or other disciplinary measures.

I undertake to inform the CBB of any changes material to the application which arise while the CBB is considering the application. I further undertake that, in the event that the registration status being sought is granted, I will notify the CBB of any material changes to or affecting the completeness or accuracy of, the information provided in Form 5 above as soon as possible, but in any event no later than 15 calendar days from the day that the changes come to my attention.

Name of insurance firm (please print) Signature of CEO/General Manager Date

CORPORATE SEAL OF INSURANCE FIRM



Form 5 Contact Information

Please provide full contact details of the insurance firm and appointed representative with whom the CBB can communicate with, regarding this application.

Insurance Firm:

Name: _____

Tel: _____

E-mail: _____

Authorised Representative:

Name: _____

Tel: _____

E-mail: _____



Appointed Representative Details

1. Name of the insurance firm in respect of which this application for registered appointed representative is being made:

2. The appointed representative is (please select a or b):

a) A natural person (individual appointed representative)
(fill the Individual Appointed Representative Details Section)

b) A legal person (corporate appointed representative)
(fill the Corporate Appointed Representative Details Section)

Individual Appointed Representative Details

1. Name of the individual for registration as appointed representative:

Full Name: _____

2. Identity Information:

Bahrain ID (CPR) No. (if available): _____

Passport No. _____ Place of issue _____

Date of issue _____ Date of expiry _____

3. Type of insurance business:



Corporate Appointed Representative Details

1. Name of corporate entity:

2. Registered address:

3. Commercial registration number:

4. Type of insurance business:

5. Please provide details of each designated individual of the corporate appointed representative that would carry out the duties of appointed representative in Bahrain:

Full Name: _____

Bahrain ID (CPR) No. (if available): _____

Passport No. _____ Place of issue _____

Date of issue _____ Date of expiry _____

Full Name: _____

Bahrain ID (CPR) No. (if available): _____

Passport No. _____ Place of issue _____

Date of issue _____ Date of expiry _____